OFFICE USE OF A DOCUMENT #A LAZERUS CURPORA LE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973	
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CORPORATION NAME(S) & DOCUMENT NUMB 1. A B SOLVE BLINIDS (Corporation Name) 2. (Corporation Name) 4. (Corporation Name) Walk in Pick up time D, Mail out Will wait Photocopy	(Document #) (Document #) (Document #) (Document #) (Document #) (Certified Copy Certificate of Status
Profit NonProfit Limited Liability Domestication Other Amendment Amendment Resignation of R.A Change of Register Dissolution/Withdra Merger	A., Officer/Director COA
OTHER FILNGS Annual Report Fictitious Name Name Reservation REGISTRATION OUALIFICATION Foreign Limited Partnership Beinstatement Trademark Other CR2E031(9/92)	-12/06/0101015014 *****78.75 *****78.75.

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE J - NAME

The name of the corporation shall be:

ABSOLUTE BLINDS CONNECTION, INC



ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

5075 N.W. 159th ST # B HIALEAH, FLORIDA 33014-6334

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 SHARES COMMON STOCK AT \$1.00 PAR VALUE

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEBY NUMA 8930 N.W. 15 CT. PEMBROKE PINES, FLÖRIDA 33024

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

BEBY NUMA 8930 N.W. 15 CT PEMBROKE PINES, FLORIDA 33024

The undersigned incorporator has executed these Articles of Incorporation this <u>03</u> day of <u>DECEMBER</u> 2001

A Blima
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

BEBY NUMA 8930 N.W. 15 CT PEMBROKE PINES, FLORIDA 33024 01 DEC -6 PH 1: 22
SECRETARY OF STATE
TAIL AHASSEE BY SEALE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature